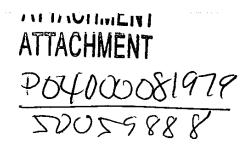
## FILED Aug 04, 2005 8:00 am Secretary of State 08-04-2005 90003 013 \*\*\*150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000081979  1. Entity Name ATLANTIC WHOLESALERS OF FLORIDA-GEORGIA INC.								
Principal Place of Business Mailing Address							50059	1000
•	WOOD PLACE	14110 LONEWOOD PLACE TAMPA, FL 33625					1000	1000
A 01-1-10	10							
2. Principal Place of Business  8424 SULSTATE ST								
Suite, Ap:	#, etc.	Suite, Apt. #, etc.		08012005	Chg-P	CR2E034 (10/03)		
City & State  TAMI	-	City & State	City & State		4. FEI Numbe	:1 39·6542		oplied For of Applicable
zip 1 3363	Country 4 HILLSWRAWH	Zip	Count	ry		of Status Desired	S8.75 Add	ditional
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent				
				Name				
DINSMORE, RANDALL S 14110 LONEWOOD PLACE TAMPA, FL 33625				Street Address (P.O. Box Number is Not Acceptable)				
7,411								
				Ci.y			FL Zip Coo	le
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE	Signahare type or prime name of registered agent of	and the Constantia (2007)	- Decintered	Anast elemetrica mou	uired when reinstating)		DATE	
	Square (provide the state of th	ine the applicable (11012	. vega ereo	s right t signatura requ	arto when revisionally	i	DATE	
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Final Trust Fund Contribution.					55.00 May Be Added to Fees	In accordance of corporation did	with s. 607.193(2)(b), not receive the prior	F.S., the notice.
10.	OFFICERS AND I	DIRECTORS	11,		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11
THLE NAME STREET ADDRESS CITY-ST-7IP	D DINSMORE, RANDALL S 14110 LONEWOOD PLACE TAMPA, FL 33625	☐ Delete		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Üelete			,		☐ Change	∏ Addition
NAME STREET ADDRESS CITY-ST-7IP		☐ Delete				1.10	☐ Change	☐ Addition
NAME STREET ADDRESS CITY+S1-ZIP		☐ Delete					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-7IP		☐ Delele					☐ Change	Addition
indicated of the cor	certi's that the information supplied with t on this report or supplemental report is poration or the receiver of trustee empr , or on an attachmen' with an occress. Y	true and accurate and that in twered to execute this report	ny signat as requir	ture shall have t	he same legal effei 607, Florida Stature	of as if made under es; and that my nam	oath; that Lam an office	r or director or Block 11 if



Florida Department of State Secretary of State Glenda E. Hood Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern,

We are in receipt of a notice of intent to dissolve. Please find the enclosed corporate renewal form along with the \$150.00 payment.

It was not our intent to file late. We did not receive the first notice. We are asking that the penalty be abated.

Thank you for your cooperation in this matter.

Sincerely,

Randy Dinsmore